

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

UNCLASSIFIED

CONFIDENTIAL

SECRET

OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	AC/IB		
2			
3			
4			
5			
6			

ACTION	DIRECT REPLY	PREPARE REPLY
APPROVAL	DISPATCH	RECOMMENDATION
COMMENT	FILE	RETURN
CONCURRENCE	INFORMATION	SIGNATURE

Remarks:

Please review your sections for accuracy as soon as possible. If O.K. as is, phone.

*FILE with Association
Benefit Plan Folder*

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.

DATE

C/BSO 5E47, Hq.

UNCLASSIFIED

CONFIDENTIAL

SECRET

FORM NO.
1-67

237

Use previous editions

(40)

Page Denied

Next 5 Page(s) In Document Denied

TRANSMITTAL SLIP

STAT
TO:

ROOM NO.

BUILDING

REMARKS:

Page 5 - Para 2
intermittent employees not
eligible -

Page 6 - para 1 & 2
must apply within 60
or 30 days - otherwise
health statement -

also, shouldn't they
be told employees must
also apply for health
insurance

STAT
M:

ROOM NO.

BUILDING

EXTENSION

FORM NO. 241
1 FEB 55REPLACES FORM 36-8
WHICH MAY BE USED.

(47)

Page Denied